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# “Other” HIPAA transactions

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*Michigan Department  
of Community Health*





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# 278 – 278 Prior Authorization



The purpose of the 278 transaction is to give providers an electronic means to request a **prior authorization of services**, approval of referrals, **certification of admissions** and to **respond to those requests**.



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# Requirements

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Since MDCH is a payer, we are required to support all HIPAA mandated transactions.

We must match current levels of service.



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# Gap Analysis

## Goods & Services that require Prior Authorization:

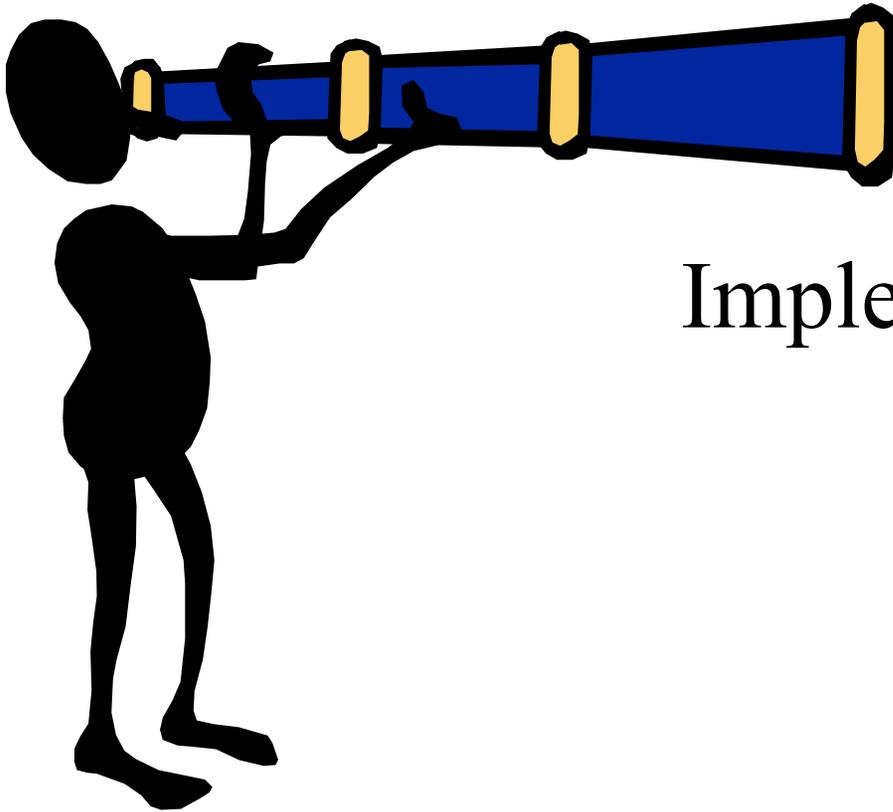
•Chiropractic	•Occupational, Physical, & Speech Therapy
•Dental	•Out of State Services
•Durable Medical Equipment	•Oxygen
•Hearing Aids	•Professional Physician Services
•Home Health Therapy	•Prosthetics & Orthotics
•Long Term Care/Skilled Nursing	•Private Duty Nursing
•Medical Supplies	•Special Transportation
•Frames & Lenses	



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# Gap Analysis

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Implementation Guide

VS.

Addenda



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# Gap Analysis

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Conclusion:

The 278 transaction is not  
a “self-contained”  
transaction.



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# Gap Analysis

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What we already had:

- An existing process that is remarkably close to the mandate
- Gateway & translator
- Data validation routines
- Oracle© database
- A means to access the requests



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# Gap Analysis

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What we needed to develop:

- Translation maps for all inbound & outbound “flavors” of the 278 transaction.
- Transportation from the DEG to the Oracle© database.
- Add new information in the Oracle© database.
- A way to flag newly added information & information that needs to be sent outbound.



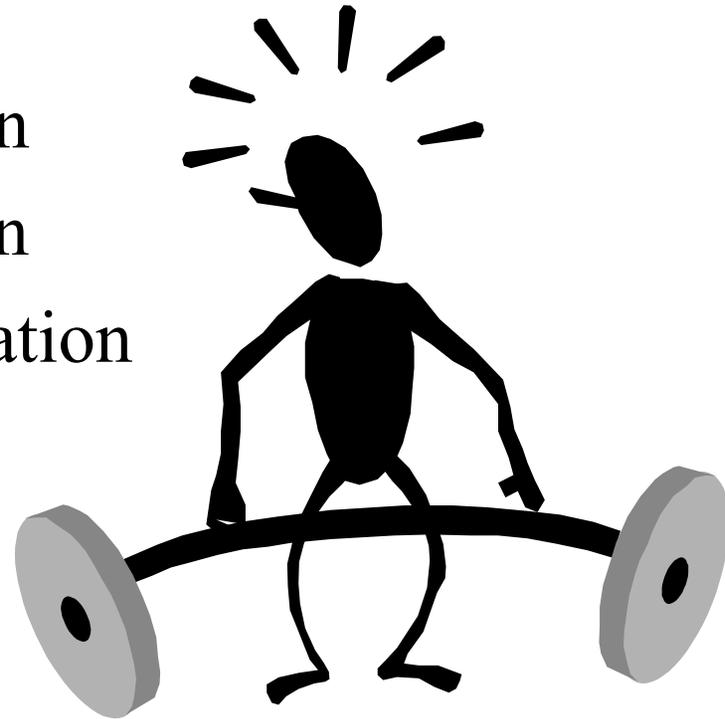
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# Design

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## Challenges:

- Missing Vision information
- Missing Dental information
- Missing Procedure information





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# Project Schedule

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	<u>4th Quarter 2002</u>	<u>1st Quarter 2003</u>	<u>2nd Quarter 2003</u>	<u>3rd Quarter 2003</u>	
Planning & Define Requirements					
Prepare Design					
Program System Changes					
Conduct Q/A Testing					
Wrap-up & Closure					



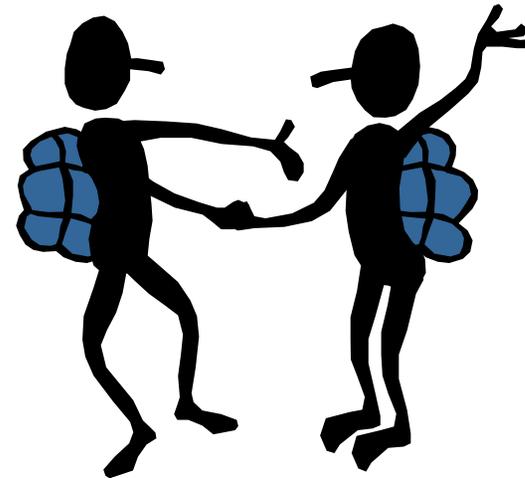
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# Future Developments

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Work with NMEH to enhance  
this transaction.

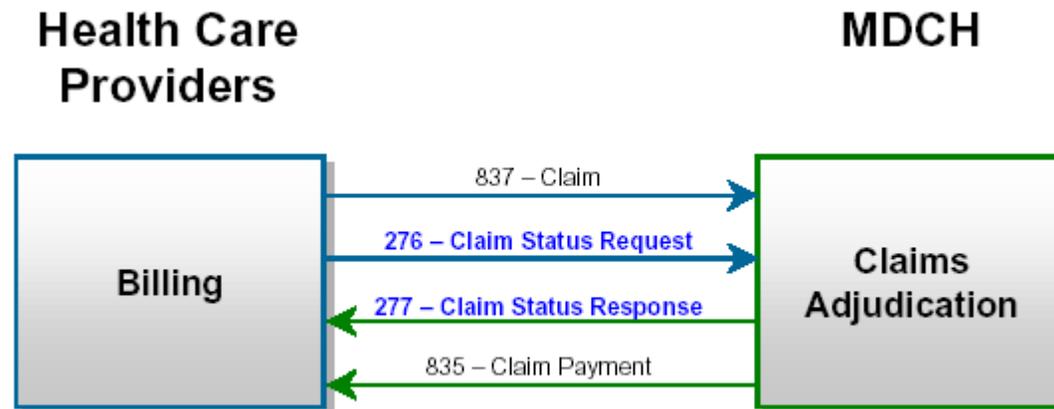
- Review and comment on future versions.
- Submit proposed service type codes for inclusion in the national standard.





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## 276 – 277 Claim Status



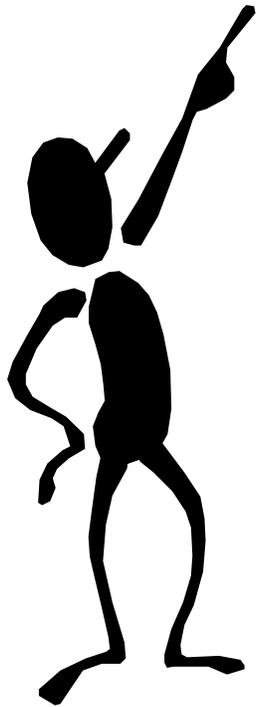
The purpose of the 276/277 transactions is to give providers an electronic means to ask for the processing status of professional, institutional & dental claims. The 276 is the request & the 277 is the response.



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# List of Desirables

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1. Become Federally compliant
2. Reduce the number of provider phone inquiries
3. Reduce the amount of time needed to research inquiries
4. Provide more useful information
5. Drastically reduce the use of microfiche
6. Develop online/real-time access to information



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# Design & Development

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## Potential keys:

- Provider name
- Recipient date of birth
- Recipient name
- Trace number
- Bill type  
(Institutional claims only)
- **Provider ID**
- Recipient gender
- **Recipient ID**
- **CRN**
- Service types
- **Dates of Service**





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# Design & Development

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## Required changes to existing processes:

- Add warrant, and pended and rejected claims information to the Teradata Warehouse
- Create a new translator map for this transaction



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# Design & Development

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## New Requirements:

- A flat file recordset
- A subsystem to communicate with the Teradata Warehouse
- A translator map
- A processing schedule



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# Project Plan

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	<u>3rd Quarter 2002</u>	<u>4th Quarter 2002</u>	<u>1st Quarter 2003</u>	<u>2nd Quarter 2003</u>	<u>3rd Quarter 2003</u>
Planning & Define Requirements					
Prepare Design					
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## Wrap up

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Questions?